

Fill in this information to identify the case:

United States Bankruptcy Court for the:

**Northern District of Texas**

Case number (if known): \_\_\_\_\_ Chapter **11**

☐ Check if this is an amended filing

## Official Form 201

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

**William Lay DDS, PLLC**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as names*

3. Debtor's federal Employer Identification Number (EIN)

**8 6 - 1 4 2 3 2 9 0**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**1810 S. Bowen Road**

Number Street

**Arlington, TX 76013**

City State ZIP Code

**Tarrant**

County

Number Street

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor William Lay DDS, PLLC

Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

*A. Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

*B. Check all that apply:*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 2

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

*Check one:*

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).  
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?  
\_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number Street

City

State

ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds?**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

**15. Estimated assets**

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

16. Estimated liabilities
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - I have been authorized to file this petition on behalf of the debtor.
  - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/20/2025  
MM/ DD/ YYYY

**X** /s/ William Lay  
Signature of authorized representative of debtor

William Lay  
Printed name

Title Managing Member

18. Signature of attorney

**X** /s/ Robert T DeMarco  
Signature of attorney for debtor

Date 01/20/2025  
MM/ DD/ YYYY

Robert T DeMarco  
Printed name

DeMarco Mitchell, PLLC  
Firm name

12770 Coit Road, Suite 850  
Number Street

Dallas TX 75251  
City State ZIP Code

(972) 991-5591 robert@demarcomitchell.com  
Contact phone Email address

24014543 TX  
Bar number State

Fill in this information to identify the case:

Debtor Name **William Lay DDS, PLLC**United States Bankruptcy Court for the: **Northern** District of **Texas**  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest**

- |  |                         |                                 |
|--|-------------------------|---------------------------------|
| <b>2. Cash on hand</b>   |                         | <b>\$2,000.00</b>               |
| <b>3. Checking, savings, money market, or financial brokerage accounts</b> <i>(Identify all)</i> |                         |                                 |
| Name of institution (bank or brokerage firm)   | Type of account         | Last 4 digits of account number |
| 3.1. <b>Happy State Bank</b>   | <b>Checking account</b> | _____                           |
|  |                         | <b>\$0.00</b>                   |
| 3.2. <b>Susser Bank</b>  | <b>Checking account</b> | <b>7 1 4 5</b>                  |
|  |                         | <b>\$47,389.09</b>              |
| <b>4. Other cash equivalents</b> <i>(Identify all)</i>   |                         |                                 |
| 4.1 <b>Clover - POS System</b>   |                         | <b>\$7,100.00</b>               |
| <b>5. Total of Part 1</b>  |                         | <b>\$56,489.09</b>              |
- Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

**Current value of debtor's interest**

- |  |  |                 |
|--|--|-----------------|
| <b>7. Deposits, including security deposits and utility deposits</b> |  |                 |
| Description, including name of holder of deposit                     |  |                 |
| 7.1 <b>Pantego Utilities</b>   |  | <b>\$150.00</b> |

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

7.2 Retainer - Corptek (IT services) \$1,000.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 \_\_\_\_\_

8.2 \_\_\_\_\_

9. **Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

**\$1,150.00**

**Part 3:** Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below.

**Current value of  
debtor's interest**

11. **Accounts receivable**

11a. 90 days old or less: unknown - unknown =..... → \$32,612.09  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ =..... → \_\_\_\_\_  
face amount doubtful or uncollectible accounts

12. **Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$32,612.09**

**Part 4:** Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes. Fill in the information below.

**Valuation method used  
for current value**

**Current value of  
debtor's interest**

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 \_\_\_\_\_

14.2 \_\_\_\_\_

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of  
ownership:

15.1. \_\_\_\_\_

15.2. \_\_\_\_\_

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1 \_\_\_\_\_

16.2 \_\_\_\_\_

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**Part 5:** Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

☒ No. Go to Part 6.

☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <b>Raw materials</b>				
_____	MM / DD / YYYY	_____	_____	_____
20. <b>Work in progress</b>				
_____	MM / DD / YYYY	_____	_____	_____
21. <b>Finished goods, including goods held for resale</b>				
_____	MM / DD / YYYY	_____	_____	_____
22. <b>Other inventory or supplies</b>				
_____	MM / DD / YYYY	_____	_____	_____

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

☒ No

☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

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29. Farm animals Examples: Livestock, poultry, farm-raised fish

--	--	--	--

30. Farm machinery and equipment (Other than titled motor vehicles)

--	--	--	--

31. Farm and fishing supplies, chemicals, and feed

--	--	--	--

32. Other farming and fishing-related property not already listed in Part 6

--	--	--	--

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

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34. Is the debtor a member of an agricultural cooperative?

- ☒ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No  
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.



Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Reception - See Attachment A/B	unknown		\$425.00
Front Office - See Attachment A/B	unknown		\$1,065.00
Back Office - See Attachment A/B	unknown		\$385.00
Doctor's Office - See Attachment A/B	unknown		\$1,470.00
Common Area - See Attachment A/B	unknown		\$240.00
X-Ray Room	unknown		\$5,305.00
Hygiene 1 - See Attachment A/B	unknown		\$6,760.00
Hygiene 2 - See Attachment A/B	unknown		\$4,590.00
Doctor Operatory 1 - See Attachment A/B	unknown		\$8,805.00
Doctor Operatory 2 - See Attachment A/B	unknown		\$8,625.00
Sterilization Area - See Attachment A/B	unknown		\$11,420.00
Equipment Rooms - See Attachment A/B	unknown		\$4,200.00
Lab Rooms	unknown		\$5,580.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1			
42.2			
42.3			
43. Total of Part 7 Add lines 39 through 42. Copy the total to line 86.			<b>\$58,870.00</b>
44. Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor William Lay DDS, PLLC  
Name

Case number (if known) \_\_\_\_\_

**Part 8:** Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 2020 Ford F250 / VIN: 1FT7W2BT7LED83748 unknown \$35,000.00

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 \_\_\_\_\_

48.2 \_\_\_\_\_

**49. Aircraft and accessories**

49.1 \_\_\_\_\_

49.2 \_\_\_\_\_

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

\_\_\_\_\_

**51. Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

**\$35,000.00****52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
- ☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 9:** Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.		(Where available)		

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

55.1 \_\_\_\_\_  
55.2 \_\_\_\_\_  
55.3 \_\_\_\_\_  
55.4 \_\_\_\_\_  
55.5 \_\_\_\_\_  
55.6 \_\_\_\_\_

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

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57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10:** Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b>			
<u>www.pantegodental.com</u>	<u>unknown</u>		<u>unknown</u>
62. <b>Licenses, franchises, and royalties</b>			
63. <b>Customer lists, mailing lists, or other compilations</b>			
64. <b>Other intangibles, or intellectual property</b>			
65. <b>Goodwill</b>			

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

66. **Total of Part 10**

Add lines 60 through 65. Copy the total to line 89.

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67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No  
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 11:** All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

_____	-	_____	= →	_____
		doubtful or uncollectible amount		

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

_____	Tax year	_____	_____
_____	Tax year	_____	_____
_____	Tax year	_____	_____

73. **Interests in insurance policies or annuities**

_____	_____
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74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

<u>Dr Charles Park DDS</u>	<u>\$5,800.00</u>
Nature of claim _____	
Amount requested <u>unknown</u>	
<u>Tooth Labs</u>	<u>\$3,000.00</u>
Nature of claim _____	
Amount requested <u>unknown</u>	

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_  
Nature of claim \_\_\_\_\_

Amount requested \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

\_\_\_\_\_

\_\_\_\_\_

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

**\$8,800.00**

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

**Part 12:** Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	<u>\$56,489.09</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$1,150.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$32,612.09</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u></u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u></u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u></u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$58,870.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$35,000.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....</i> →		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>unknown</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$8,800.00</u>	
91. <b>Total.</b> <i>Add lines 80 through 90 for each column.....91a.</i>	<div style="border: 1px solid black; padding: 2px;"><u>\$192,921.18</u></div>	+ 91b. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		<div style="border: 1px solid black; padding: 2px;"><u>\$192,921.18</u></div>

**Reception**

Rug \$5

6 chairs \$20 each

Coffee table \$10

3 Framed paintings \$30 each

TV \$200

**Front Office**

2 desk chairs \$20 each

2 Computer workstations \$100 each

Server \$300

Network switch \$50

4 Computer monitors \$50 each

3 Phones - free from service provider with contract

Ikea drawer unit \$40

Lexmark printer \$100

Brother printer/scanner \$75

2 Trash can \$5

Built in desk with drawers \$50

Desk - free standing \$50

Stand alone scanner \$100

**Back Office**

Desk Chair \$20

Computer workstation \$100

Monitor \$50

Water dispenser \$50

1 phone - free

Built in desk \$50

Microwave \$20

2 Five drawer filing cabinets \$40 each

Document shredder \$15

# SCHEDULE A/B ATTACHMENT

**Doctor's office**

Computer workstation \$100  
Computer monitor \$100  
TV \$200  
Desk \$150  
Desk Chair \$50  
2 trash cans \$5 each  
Whiteboard \$5  
Pin board \$5  
Built in shelves \$50  
Human skull \$800

**Hallway and restroom**

Mirror \$80  
Antique cabinet \$20  
4 framed wall art \$30 each  
1 framed mirror \$20

**Closets and x ray room**

AED \$80  
Vacuum \$25  
Victor oxygen gauges \$50  
Uniweld gauges \$50  
Panoramic x-ray machine \$1000  
Pan/ceph x-ray machine (with dedicated computer) \$4000  
Free standing x-ray shield \$100

**Hygiene room 1**

Dental chair \$1500  
Dental delivery unit with pole light \$500  
Wall mounted x ray unit \$400  
Operator Chair \$100  
Computer Workstation \$100  
Monitor \$30  
Cavitron \$1000  
Diode Laser \$1500  
Handpieces \$500 total  
Instruments \$500  
Air filter \$30  
TV \$100  
Disposable supplies \$500



**Hygiene Room 2**

Dental chair \$1500  
Delivery system \$100  
Ceiling mounted light \$400  
Sitting chair \$10  
TV \$100  
Computer Workstation \$100  
Monitor \$30  
Wall mounted x ray unit \$250  
Cavitron \$1000  
Handpieces \$500 total  
Instruments \$500  
Disposable supplies \$100

**Doctor operatory 1**

Dental chair \$4000  
Delivery system \$500  
Electric Handpiece control \$200  
Ceiling mounted light \$400  
Doctor's chair \$100  
Cavitron \$1000  
Diode Laser \$1500  
Wall mounted x ray unit \$400  
TV \$100  
Computer Workstation \$100  
Monitor \$30  
Amalgamator(mixer) \$50  
Trash Can \$5  
Fan \$20  
Disposable supplies \$400

**Doctor operatory 2**

Dental chair \$4000  
Delivery system \$500  
Electric Handpiece control \$200  
Ceiling mounted light \$400  
Doctor's chair \$100  
Wall mounted x ray unit \$400  
TV \$100  
Computer Workstation \$100  
Monitor \$30  
Amalgamator(mixer) \$50

Air filter \$30  
Trash Can \$5  
Endodontic motor \$800  
Apex Locator \$250  
3 Ikea carts \$40 each  
2 Fans \$20 each  
Dental Scanner (rent to own) \$1000  
Disposable supplies \$500

**Sterilization area**

Autoclave \$5000  
Ultrasonic Cleaner \$200  
Scan X \$1000  
Oral surgery instruments \$2000  
Restorative instruments \$1000  
Cold Sterile container \$20  
X ray sensor \$2000  
Disposable supplies \$200

**Equipment rooms**

Compressor 1 \$1000  
Compressor 2 \$500  
Vacuum \$2000  
Amalgam separator and trap \$200

**Lab room**

Computer Workstation \$100  
Monitor \$30  
Plaster vibrator \$20  
Model trimmer \$100  
Vacuum former \$100  
Lathe \$100  
Lathe dust pans \$100  
Sand blasting cabinet \$100  
2 Curing lights \$50 total  
Electric handpiece \$100  
Small refrigerator \$30  
Disposable supplies \$500  
Dental implant kits \$2000  
Dental implant supplies \$2000  
Disposable supplies \$200

Fill in this information to identify the case:

Debtor name William Lay DDS, PLLC

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1:** List Creditors Who Have Secured Claims

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**2.1 Creditor's name**

Happy State Bank

**Describe debtor's property that is subject to a lien**

\$708,918.51

unknown

**Creditor's mailing address**

16633 N Dallas Pkwy, Ste 350

Addison, TX 75001

**Describe the lien**

UCC1

**Creditor's email address, if known**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Date debt was incurred** 6/30/2021

**Is anyone else liable on this claim?**

- ☐ No  
☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**Last 4 digits of account number** 1 7 7 3

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Remarks:** Purchase of Dental Practice

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$742,880.92

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
<b>2.2</b> Creditor's name <u>Happy State Bank</u>	Describe debtor's property that is subject to a lien _____	<b>\$33,962.41</b>	<b>unknown</b>
Creditor's mailing address <u>16633 N Dallas Pkwy, Ste 350</u>	_____		
<u>Addison, TX 75001</u>	Describe the lien <u>UCC1</u>		
Creditor's email address, if known _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred <u>7/27/2021</u>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number <u>7 9 5 5</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
Remarks: Working Capital			

Fill in this information to identify the case:

Debtor name William Lay DDS, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Internal Revenue Service

Central Insolvency Operations

PO Box 7346

Philadelphia, PA 19101-7346

Date or dates debt was incurred

Last 4 digits of account  
number                    

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the Claim:

Is the claim subject to offset?

☒ No

☐ Yes

Total claim

\$64,000.00

Priority amount

\$64,000.00

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Is the claim subject to offset?

☐ No

☐ Yes

Date or dates debt was incurred

Last 4 digits of account  
number                    

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <u>"Reliable Dental Lab, LLC "</u> <u>10610 Metric Dr. Suite 191</u> <u>Dallas, TX 75243</u>  Date or dates debt was incurred <u>12/1/2024</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Dental Lab</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,000.00</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> <u>CLEAR CHANNEL OUTDOOR LLC</u> <u>P.O. BOX 847247</u> <u>Dallas, TX 75284</u>  Date or dates debt was incurred <u>3/3/2023</u> Last 4 digits of account number <u>0</u> <u>3</u> <u>9</u> <u>7</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,000.00</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Dentis</u> <u>11095 Knott Ave, Ste ABC</u> <u>Cypress, CA 90630</u>  Date or dates debt was incurred <u>5/10/2023</u> Last 4 digits of account number <u>2</u> <u>5</u> <u>4</u> <u>2</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18,000.00</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> <u>eBay Commerce Inc.</u> <u>2065 Hamilton Ave.</u> <u>Stockton, CA 95215</u>  Date or dates debt was incurred <u>10/2024</u> Last 4 digits of account number <u>n</u> <u>  </u> <u>6</u> <u>9</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$702.90</u>

Debtor William Lay DDS, PLLC  
Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ERC Specialists</u> <u>560 E Timpanogos Circle</u> <u>Orem, UT 84097</u>  Date or dates debt was incurred <u>12/1/2023</u> Last 4 digits of account number <u>2 3 6 8</u>	<b>As of the petition filing date, the claim is:</b> <u>\$12,025.67</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Fee related to</b> <b>Basis for the claim:</b> <u>obtaining ERC</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Happy State Bank</u> <u>16633 N Dallas Pkwy, Ste 350</u> <u>Addison, TX 75001</u>  Date or dates debt was incurred <u>7/4/2022</u> Last 4 digits of account number <u>5 7 0 9</u> <u>Remarks: Loan to Purchase Frisco Dental Practice (now closed)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$357,544.53</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.7</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Khavari &amp; Moghadassi</u> <u>16818 DALLAS PARKWAY</u> <u>Dallas, TX 75248</u>  Date or dates debt was incurred <u>2/2/2024</u> Last 4 digits of account number <u>9 4 4 5</u>	<b>As of the petition filing date, the claim is:</b> <u>\$15,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Legal Services</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Markel</u> <u>4521 Highwoods Parkway</u> <u>Glen Allen, VA 23060</u>  Date or dates debt was incurred <u>11/15/2023</u> Last 4 digits of account number <u>2 7 1 6</u>	<b>As of the petition filing date, the claim is:</b> <u>\$25,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor William Lay DDS, PLLC  
Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> <u>SHIELDS LEGAL</u> <u>16400 Dallas Pkwy</u> <u>Dallas, TX 75248</u>  Date or dates debt was incurred <u>2023</u> Last 4 digits of account number <u>0 0 0 2</u>	<b>As of the petition filing date, the claim is:</b> <u>\$21,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal Fees</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.10</b>	<b>Nonpriority creditor's name and mailing address</b> <u>William Lay</u> <u>1114 S Bowen Rd #13494</u> <u>Arlington, TX 76094</u>  Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	<b>As of the petition filing date, the claim is:</b> <u>\$130,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.11</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Zima International, Inc.</u> <u>P.O. Box 738550</u> <u>Dallas, TX 75373</u>  Date or dates debt was incurred <u>11/11/2024</u> Last 4 digits of account number <u>n t a l</u>	<b>As of the petition filing date, the claim is:</b> <u>\$56,674.94</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Dental Lab</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

**Part 3:** List Others to Be Notified About Unsecured Claims

**4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

**If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>LAWRENCE J. FALLI</u> <u>3821 JUNIPER TRACE, STE 108</u> <u>Austin, TX 78738</u>	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor **William Lay DDS, PLLC**  
Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$64,000.00

5b. Total claims from Part 2

5b. + \$651,948.04

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. \$715,948.04

Fill in this information to identify the case:

Debtor name William Lay DDS, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest \_\_\_\_\_  
State the term remaining \_\_\_\_\_  
List the contract number of any government contract \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest \_\_\_\_\_  
State the term remaining \_\_\_\_\_  
List the contract number of any government contract \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest \_\_\_\_\_  
State the term remaining \_\_\_\_\_  
List the contract number of any government contract \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest \_\_\_\_\_  
State the term remaining \_\_\_\_\_  
List the contract number of any government contract \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in this information to identify the case:

Debtor name William Lay DDS, PLLC

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>William Lay</u>	<u>1114 S Bowen Rd #13494</u> Street  <u>Arlington, TX 76094</u> City State ZIP Code	<u>Happy State Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Happy State Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Happy State Bank</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.5	<div>Street</div> <div></div> <div>City State ZIP Code</div>	<div></div>	<div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>
2.6	<div>Street</div> <div></div> <div>City State ZIP Code</div>	<div></div>	<div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>

Fill in this information to identify the case:

Debtor name William Lay DDS, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

## Official Form 206Sum

# Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

#### 1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

##### 1a. Real Property:

Copy line 88 from *Schedule A/B*.....

\$0.00

##### 1b. Total personal property:

Copy line 91A from *Schedule A/B*.....

\$192,921.18

##### 1c. Total of all property:

Copy line 92 from *Schedule A/B*.....

\$192,921.18

### Part 2: Summary of Liabilities

#### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$742,880.92

#### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

##### 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$64,000.00

##### 3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$651,948.04

#### 4. Total liabilities.....

Lines 2 + 3a + 3b

\$1,458,828.96

Fill in this information to identify the case:

Debtor name William Lay DDS, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/20/2025  
MM/ DD/ YYYY

X

/s/ William Lay

Signature of individual signing on behalf of debtor

William Lay

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name William Lay DDS, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 207

## Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

### Part 1: Income

#### 1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date  
MM/ DD/ YYYY

☒ Operating a business

☐ Other \_\_\_\_\_

\$43,795.89

For prior year:

From 01/01/2024 to 12/31/2024  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

☐ Other \_\_\_\_\_

\$1,089,497.00

For the year before that:

From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

☐ Other \_\_\_\_\_

\$996,381.00

#### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date  
MM/ DD/ YYYY

For prior year:

From 01/01/2024 to 12/31/2024  
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY



Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. <b>Happy State Bank</b> Creditor's name <b>16633 N Dallas Pkwy, Ste 350</b> Street  <b>Addison, TX 75001</b> City State ZIP Code		<b>\$24,904.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. <b>Happy State Bank</b> Creditor's name <b>16633 N Dallas Pkwy, Ste 350</b> Street  <b>Addison, TX 75001</b> City State ZIP Code		<b>\$10,302.00</b>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Creditor's name  Street   City State ZIP Code <b>Relationship to debtor</b>			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. <div>Creditor's name</div> <div>Street</div> <div>City State ZIP Code</div>			

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1. <div>Happy State Bank</div> <div>Creditor's name</div> <div>16633 N Dallas Pkwy, Ste 350</div> <div>Street</div> <div>Addison, TX 75001</div> <div>City State ZIP Code</div>	XXXX- _ _ _ _	01/15/2025	\$1,200.00

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <div>Clear Channel v William Lay DDS</div> <div>Case number</div> <div>2024-002367-3</div>		<div>Tarrant County, Texas, County Court at Law No. 3</div> <div>Name</div> <div>100 W Weatherford St, Rm 250</div> <div>Street</div> <div>Fort Worth, TX 76196</div> <div>City State ZIP Code</div>	<div><input type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input checked="" type="checkbox"/> Concluded</div>

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	Custodian's name and address	Description of the property	Value
Custodian's name			
Street		Case title	Court name and address
			Name
City State ZIP Code		Case number	Street
		Date of order or assignment	City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Recipient's name				
Street				
City State ZIP Code				
Recipient's relationship to debtor				

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

10.1.	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
DeMarco Mitchell, PLLC	Attorney's Fee	12/23/2024	\$16,738.00
Address			
12770 Coit Road, Suite 850 Suite 500			
Street			
Plano, TX 75074			
CityStateZIP Code			
Email or website address			
robert@demarcomitchell.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
<hr/>				
Address				
<hr/>				
Street				
<hr/>				
City State ZIP Code				
Relationship to debtor				
<hr/>				

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy
14.1. <hr/>	From <hr/> To <hr/>
Street	
<hr/>	
<hr/>	
City State ZIP Code	

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. William Lay DDS, PLLC	Dental	
Facility name		
1810 S Bowen Rd		
Street		
Arlington, TX 76013	Location where patient records are maintained(if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code		Check all that apply:
		<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained. Patient Records

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
--------------	--

EIN: \_ \_ - \_ \_ \_ \_ \_

Has the plan been terminated?

☐ No

☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 <u>USAA Federal Savings Bank</u> Name <u>10750 McDermott Freeway</u> Street <u>San Antonio, TX 78288</u> City State ZIP Code	XXXX- <u>4 6 7 3</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	<u>12/3/24</u>	<u>\$158.94</u>

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 Name Street City State ZIP Code	   Address  	   	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	<b>Public Storage</b> Name		Dental Supplies	<input checked="" type="checkbox"/> No
	<b>2300 W Park Row Dr</b> Street			<input type="checkbox"/> Yes
	<b>Arlington, TX 76013</b> City State ZIP Code	<b>Address</b>		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor’s Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.		EIN: _ _ - _ _ _ _ _
Name		Dates business existed
Street		From _ _ _ _ _ To _ _ _ _ _
City State ZIP Code		



26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1. **Robert Brackeen CPA**

From **2024** To \_\_\_\_\_

Name

**2225 E Randol Mill Rd #515**

Street

**Arlington, TX 76011**

City

State

ZIP Code

Name and address

Dates of service

26a.2. **Lloyd Peters CPA**

From **2023** To **2023**

Name

**10300 N Central Expwy**

Street

**Dallas, TX 75231**

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address

Dates of service

26b.1.

From \_\_\_\_\_ To \_\_\_\_\_

Name

Street

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

**William Lay**

Name

**1114 S Bowen Rd #13494**

Street

**Arlington, TX 76094**

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of  
inventory

The dollar amount and basis (cost, market, or  
other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any  
interest

% of interest, if any

William Lay

1114 S Bowen Rd #13494 Arlington, TX  
76094

Managing Member, Member

100.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name

Address

Position and nature of any  
interest

Period during which  
position or interest was  
held

From

To

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. William Lay

\$4,000 W2 Compensation

Compensation

Name

1114 S Bowen Rd #13494

Street

Arlington, TX 76094

CityStateZIP Code

Relationship to debtor

Managing Member

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.2. William Lay

\$32,753 - Distributions

Compensation

Name

1114 S Bowen Rd #13494

Street

Arlington, TX 76094

CityStateZIP Code

Relationship to debtor

Managing Member

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporationEmployer Identification number of the parent corporation

EIN: - - - - -

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fundEmployer Identification number of the pension fund

EIN: - - - - -

Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/20/2025

MM/ DD/ YYYY

X

/s/ William Lay

Signature of individual signing on behalf of the debtor

Printed name

William Lay

Position or relationship to debtor

Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Fill in this information to identify the case:

Debtor name William Lay DDS, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Happy State Bank 16633 N Dallas Pkwy, Ste 350 Addison, TX 75001						\$357,544.53
2	Zima International, Inc. P.O. Box 738550 Dallas, TX 75373		Dental Lab				\$56,674.94
3	Markel 4521 Highwoods Parkway Glen Allen, VA 23060						\$25,000.00
4	SHIELDS LEGAL 16400 Dallas Pkwy Dallas, TX 75248		Legal Fees				\$21,000.00
5	Dentis 11095 Knott Ave, Ste ABC Cypress, CA 90630		Vendor				\$18,000.00
6	Khavari & Moghadassi 16818 DALLAS PARKWAY Dallas, TX 75248		Legal Services				\$15,000.00
7	ERC Specialists 560 E Timpanogos Circle Orem, UT 84097		Fee related to obtaining ERC				\$12,025.67
8	CLEAR CHANNEL OUTDOOR LLC P.O. BOX 847247 Dallas, TX 75284						\$12,000.00

Debtor William Lay DDS, PLLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	"Reliable Dental Lab, LLC " 10610 Metric Dr. Suite 191 Dallas, TX 75243		Dental Lab				\$4,000.00
10	eBay Commerce Inc. 2065 Hamilton Ave. Stockton, CA 95215		Vendor	Disputed			\$702.90
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

IN RE:  
**William Lay DDS, PLLC**

CHAPTER 11

DEBTOR(S)

CASE NO

**LIST OF EQUITY SECURITY HOLDERS**

<b>Registered Name of Holder of Security Last Known Address or Place of Business</b>	<b>Class of Security</b>	<b>Number Registered</b>	<b>Kind of Interest Registered</b>
<b>William Lay</b> 1810 S. Bowen ROad Pantego, TX 76013	Interest	100%	Member

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Managing Member of the Nonpublic Corporation  
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true  
and correct to the best of my information and belief.

Date: 01/20/2025

Signature: /s/ William Lay  
*William Lay, Managing Member*

IN THE UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION

IN RE: **William Lay DDS, PLLC**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **01/20/2025**

Signature **/s/ William Lay**  
William Lay, Managing Member



"Reliable Dental Lab, LLC "  
10610 Metric Dr. Suite 191  
Dallas, TX 75243

Attorney General of the  
United States  
Main Justice Bldg., Rm. 5111  
10th & Constitution Ave. N.W.  
Washington, DC 20503

CLEAR CHANNEL OUTDOOR  
LLC  
P.O. BOX 847247  
Dallas, TX 75284

Dallas County Tax-Assessor  
Collector  
500 Elm St Ste 3300  
Dallas, TX 75202-3304

Dentis  
11095 Knott Ave, Ste ABC  
Cypress, CA 90630

eBay Commerce Inc.  
2065 Hamilton Ave.  
Stockton, CA 95215

ERC Specialists  
560 E Timpanogos Circle  
Orem, UT 84097

Happy State Bank  
16633 N Dallas Pkwy, Ste 350  
Addison, TX 75001

Internal Revenue Service  
Central Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

Khavari & Moghadassi  
16818 DALLAS PARKWAY  
Dallas, TX 75248

LAWRENCE J. FALLI  
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